Attorney Docket No.: 04504/100M693-US2

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	09/617,566
Filing Date	July 17, 2000
First Named Inventor	Samuel Sawan
Art Unit	1616
Examiner Name	N. S. Levy
Attorney Docket Number	04504/100M693-US2

ENCLOSURES (Check all that apply)							
X Fee Transi	mittal Form	Drawing(s)		After Allowance Communication to TC			
X Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendme	nt/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After	Final	Petition to Convert to a Provisional Application		Proprietary Information			
Affid	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence		Status Letter			
x Extension	of Time Request	Terminal Disclaimer		X Other Enclosure(s) (please Identify below):			
Express Al	bandonment Request	Request for Refund		Response to Office Action Return Receipt Postcard			
Information	n Disclosure Statement	CD, Number of CD(s)					
Certified C Document	opy of Priority (s)	Landscape Table on CD					
	issing Parts/ Application	Remarks					
	y to Missing Parts under FR 1.52 or 1.53						
	SIGNAT	I URE OF APPLICANT, ATTOR	NEY, OR	AGENT			
Firm Name	DARBY & DARBY F) C					
Signature	far C	Du					
Printed name	Lydia Gayle Olson						
Date	October 22, 2004		Reg. No.	48,487			

			
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Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 430.00

Complete if Known					
Application Number	09/617,566				
Filing Date	July 17, 2000				
First Named Inventor	Samuel Sawan				
Examiner Name	N. S. Levy				
Art Unit	1616	•			
Attorney Docket No.	04504/100M693-US2				

TOTAL	TOTAL AMOUNT OF PATIMENT (4) 430.00 Audities Decketto.											
MET	HOD C	F PA	YMENT	(check all tha	t apply) FEE CALCULATION (continued)						ULATION (continued)	
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Name The Director	is autho	orized	to: (check	all that apply)		1052	50	2052	25	sheet.	ge – late provisional filing fee or cover	
Charge	fee(s) ind	licated I	below	X Credit any	overpayments	1053	130	1053	130	Non-Eng	glish specification	
Charge	any addit	tional fe	e(s) or any	underpayment o	f fee(s)	1812	2,520	1812	2,520	For filing	a request for ex parte reexamination	
			below, exce deposit ac	ept for the filing count.	fee	1804	920*	1804	920*		ting publication of SIR prior to er action	
						1805	1,840*	1805	1,840*		ting publication of SIR after er action	
		FEE (CALCUL	ATION		1251	110	2251	55	Extension	on for reply within first month	
1. BASIC	FILING	FEE		-		1252	430	2252	215	Extension	on for reply within second month	215.00
Large Entity	Small	Entity	,			1253	980	2253	490	Extension	on for reply within third month	
Fee Fee Code (\$)	Fee	Fee (\$)	<u>Fee</u>	<u>Description</u>	Fee Paid	1254	1,530	2254	765	Extension	on for reply within fourth month	
1001 790	2001	395	Utility	filing fee		1255	2,080	2255	1,040	Extension	on for reply within fifth month	
1002 350	2002	175	Desig	ın filing fee		1401	340	2401	170	Notice o	of Appeal	
1003 550	2003	275	Plant	filing fee		1402	340	2402	170	Filing a	brief in support of an appeal	
1004 790	2004	395	Reiss	ue filing fee		1403	300	2403	150	Reques	t for oral hearing	
1005 160	2005	80	Provi	sional filing fee		1451	1,510	1451	1,510	Petition	to institute a public use proceeding	
	,	enn.	TOTAL (1) (\$)	0.00	1452	110	2452	55	Petition	to revive – unavoidable	
		300	IOIAL (1) (4)	0.00	1453	1,370	2453	685	Petition	to revive - unintentional	
2. EXTRA	CLAIN	1 FEE	S FOR U	JTILITY AN	REISSUE	1501	1,370	2501	685	Utility is	sue fee (or reissue)	
			Extra Claims	Fee from below	Fee Paid	1502	490	2502	245	Design i	issue fee	
Total Claims		-** =		x	=	1503	660	2503	330	Plant is:	sue fee	
Independent	Ħ	-** =		×	-	1460	130	1460	130	Petition	s to the Commissioner	
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Large Entity	Small	Entity				1806	180	1806	180	Submis	sion of Information Disclosure Stmt	
Fee Fee Code (\$)	Fee Code	Fee (\$)	-	Fee Descript	<u>ion</u>	8021	40	8021	40		ng each patent assignment per / (times number of properties)	
1202 18	2202	9	Claims in	excess of 20		1809	790	2809	395		submission after final rejection R 1.129(a))	
1201 88	2201	44	•	ent claims in ex		1810	790	2810	395	For eac	h additional invention to be	
1203 300 1204 88	2203		•	ependent claim	•	1801	790	2801	395		ed (37CFR 1.129(b)) It for Continued Examination (RCE)	
1204 88	2204	44 .		independent og ginal patent	iaiii5						it for expedited examination	
1205 18	2205	9		claims in exce er original pater		1802 Other	900 fee (spe	1802 cify)	900		sign application	
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SUBMITTED BY (Complete (if applicable))						
Name (Print/Type) Lydia Gayle Olson	Registration No. (Attorney/Agent) 48,487	Telephone	(212) 527-7700			
Signature	les	Date	October 22, 2004			

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